



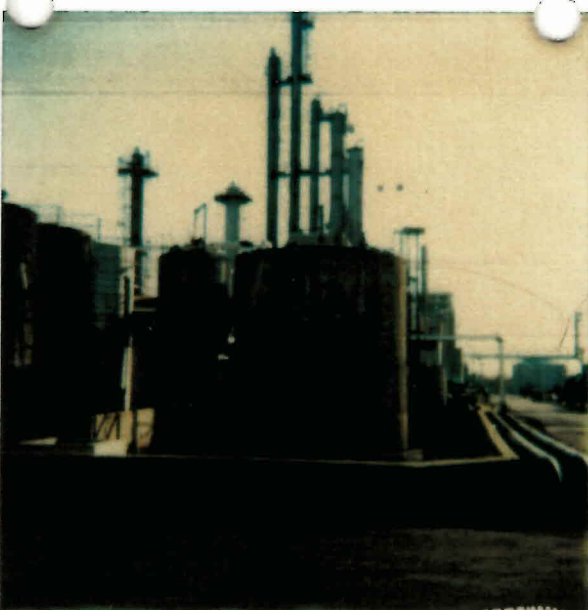
DRUM CLEANING AND STORAGE AREA



DRUM CLEANING AND STORAGE AREA



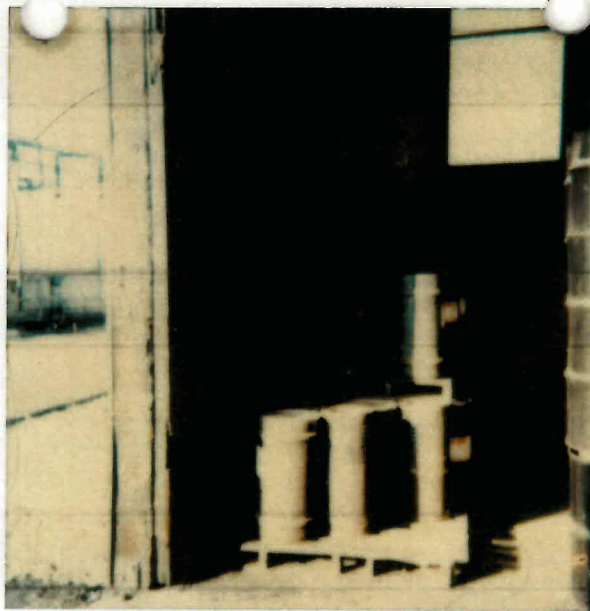
EFFLUENT SEPARATOR



EFFLUENT SEPARATOR
(PROPOSED)



"HOT BOX" AND DRUM STORAGE



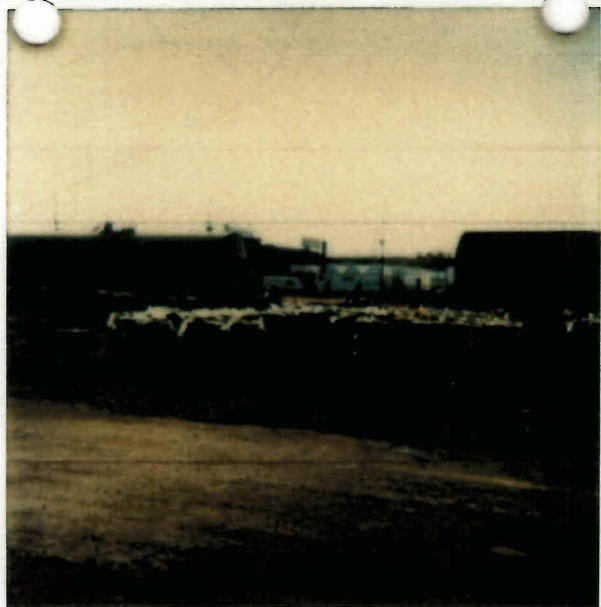
DRUM STORAGE



NEUTRALIZATION AREA



ASBESTOS STORAGE



DRUM STORAGE



DRUM CLEANING AND STORAGE AREA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

26 FEDERAL PLAZA

NEW YORK NEW YORK 10276

PITT-CONSOL CHEMICAL CO

FEB 5 1981

NEWARK, N. J.

February 3, 1981

NJD002154789

CONTINENTAL OIL CO INC

191 DOREMUS AVENUE

NEWARK

NJ 07102

Dear Sir:

Early in October, 1980 the Region II office of the United States Environmental Protection Agency ("EPA") sent you a letter inquiring about any activities conducted at your facility that involved hazardous wastes. This information was requested pursuant to Section 3007 of the Resource Conservation and Recovery Act ("RCRA"), 42 U.S.C. §6927. To date, we have not received a reply from you.

As stated in our earlier letter, we believe that you or your company handles hazardous wastes, as defined in RCRA and its accompanying regulations. However, we need additional information from you so that we can accurately determine your status. If you handle hazardous wastes in sufficient quantities to come under this Agency's regulatory control, you are legally required to notify the Agency of your activities and you must comply with certain requirements. If you do not handle hazardous wastes in quantities sufficient to be covered by our regulations, or if you do not handle hazardous wastes at all, this information should also be provided to us.

Facilities which generate, transport, treat, store or dispose of sufficient quantities of hazardous wastes without notifying EPA or without complying with EPA regulations are subject to fines of up to \$25,000 for each day that a violation exists. Furthermore, parties who did not answer our earlier letter and who fail to answer this letter and who are later found to be handling hazardous wastes can also be subject to fines of up to \$25,000 per day of violation. Therefore, we request that you answer the following questions.

First, do you handle any "hazardous wastes" as this term is defined in RCRA and the regulations promulgated under RCRA (regulations defining hazardous wastes were published in the Federal Registers of May 19, 1980; July 16, 1980; October 30, 1980; November 12, 1980; November 17, 1980; November 19, 1980 and November 25, 1980)? If you do handle such hazardous wastes, what is the greatest quantity of hazardous wastes you handle in any one month? Please identify the wastes by type, characteristics, components and/or production process.

FEB 12 10 17 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

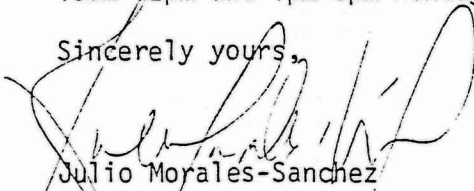
Your response to this letter should be sent to:

Permits Administration Branch
U.S. Environmental Protection Agency
Region II
26 Federal Plaza, Room 432
New York, New York 10278

Your response should be returned within 14 days of your receipt of this letter and should be signed by an authorized responsible officer of your firm. Failure to respond in a timely manner may, as outlined above, subject you to fines of up to \$25,000 per day of violation. Even if you believe that you do not handle hazardous wastes, it is important that you answer this letter and apprise us of that fact. If you have already notified EPA of your activity, or believe that you responded to a previous inquiry, please provide us with your EPA hazardous waste activity number as well as copies of your earlier submittals.

If you have any questions about this letter, please write the Permits Administration Branch at the above-listed address, or call (212) 264-7306 between the hours of 10am-12pm and 1pm-3pm Monday through Friday.

Sincerely yours,



Julio Morales-Sanchez
Director
Enforcement Division



U.S. ENVIRONMENTAL PROTECTION AGENCY
**ACKNOWLEDGEMENT OF APPLICATION
FOR A HAZARDOUS WASTE PERMIT**

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility with the EPA Identification Number shown on the front of this postcard; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an **initial qualification** for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA Form 3510-3A (12-80)



Official Business
Penalty for Private Use
\$300

First-Class Mail
Postage and Fees Paid
EPA
Permit No. G-35

United States
Environmental Protection
Agency (WH-563)

Washington, DC 20460

NJD004948188
PITT-CONSOL CHEMICAL COMPANY
191 DOREMUS AVENUE
NEWARK, NJ 07105

FEB 12 10 37 AM '81
RECEIVED
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, NY 10001

| FORM 1 | | U.S. ENVIRONMENTAL PROTECTION AGENCY | | I. EPA I.D. NUMBER | |
|---|--|--|--|---|--|
| GENERAL | | GENERAL INFORMATION | | F N J D 0 0 4 9 4 8 1 8 8 | |
| LABEL ITEMS | | Consolidated Permits Program | | T/A = | |
| | | (Read the "General Instructions" before starting.) | | D | |
| I. EPA I.D. NUMBER | | NJ D 0 0 4 9 4 8 1 8 8 | | GENERAL INSTRUCTIONS | |
| III. FACILITY NAME | | | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| V. FACILITY MAILING ADDRESS | | NEWARK, NJ 07105 | | | |
| VI. FACILITY LOCATION | | 191 DOREMUS AVE NEWARK, NJ 07105 | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. | | | | | |
| SPECIFIC QUESTIONS | | MARK 'X' | | SPECIFIC QUESTIONS | |
| | | YES NO FORM ATTACHED | | | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | 16 17 18 | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | |
| | | X | | 19 20 21 | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | 22 23 24 | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | |
| | | X | | 25 26 27 | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | 28 29 30 | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | |
| | | X | | 31 32 33 | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | 34 35 36 | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | |
| | | X | | 37 38 39 | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | 40 41 42 | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | |
| | | X | | 43 44 45 | |
| III. NAME OF FACILITY | | | | | |
| 1 SKIP P I T T - C O N S O L . C H E M I C A L . C O M P A N Y | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) | | | | | |
| 2 R E V E L T , W I L L I A M . S R . P R O C E S S E N G . | | | | | |
| B. PHONE (area code & no.) | | | | | |
| 2 0 1 3 4 4 3 8 0 0 | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX | | | | | |
| 3 1 9 1 D O R E M U S A V E N U E | | | | | |
| B. CITY OR TOWN | | | | | |
| 4 N E W A R K | | | | | |
| C. STATE | | | | | |
| N J | | | | | |
| D. ZIP CODE | | | | | |
| 0 7 1 0 5 | | | | | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | |
| 5 1 9 1 D O R E M U S A V E N U E | | | | | |
| B. COUNTY NAME | | | | | |
| E S S E X | | | | | |
| C. CITY OR TOWN | | | | | |
| 6 N E W A R K | | | | | |
| D. STATE | | | | | |
| N J | | | | | |
| E. ZIP CODE | | | | | |
| 0 7 1 0 5 | | | | | |
| F. COUNTY CODE (if known) | | | | | |
| | | | | | |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | |
|----------|----|----|----|----|----|-----------|------------------|----|----|-----------|----|----|----|-----------|-------------------------|--|--|--|--|
| C | 7 | 2 | 8 | 6 | 5 | (specify) | Cyclic Chemicals | C | 7 | 2 | 8 | 7 | 9 | (specify) | Agricultural Chemicals | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | | | 13 | 14 | 15 | 16 | 17 | 18 | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | |
| C | 7 | 2 | 8 | 2 | 1 | (specify) | Plastics | C | 7 | 2 | 8 | 9 | 9 | (specify) | Misc. Chemical Products | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | | | 13 | 14 | 15 | 16 | 17 | 18 | | | | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----------|----|----|----|----|-------------|----|---|---|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C | 8 | P | I | T | T | - | C | O | N | S | O | L | C | H | E | M | I | C | A | L | C | O | M | P | A | N | Y | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66 | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | | | | | | | | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | | | | | |
| F = FEDERAL S = STATE P = PRIVATE | | | | | | | | | | | | | | | M = PUBLIC (other than federal or state) O = OTHER (specify) | | | | | | | | | | | | | | | 0 (specify) Public Corporation | | | | | | | | | | A 2 0 1 3 4 4 3 8 0 0 15 16 17 18 19 20 21 22 23 24 | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 9 1 D O R E M U S A V E N U E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | | | | | | | | | G. STATE | | | | | H. ZIP CODE | | | | | IX. INDIAN LAND | | | | | | | | | | | | | | | | | | | |
| C | B | N | E | W | A | R | K | | | | | | | | | | | | | N | J | 0 | 7 | 1 | 0 | 5 | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52 | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | | | | | | | | | | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|--|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|
| C | 9 | N | A | | | | | | | C | 9 | P | N | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 9 | U | N | A | | | | | | | C | 9 | S | T | A | T | E | O | F | N | J | (specify) Air Quality (see attached list) | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 9 | R | N | A | | | | | | | C | 9 | P | V | S | C | (specify) Water Effluent (see attached) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | | | | | | | |

XI. MAP

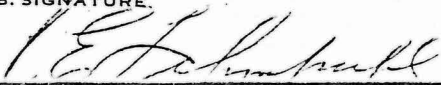
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of alkylated phenols

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|----|----|----|----|----|----|----|----|----|----|----|----|
| R. E. Lehmkuhl Vice President-Operations | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 11/1/80 | | | | | | | | | | | | |
| COMMENTS FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 |

AIR QUALITY RELATED PERMITS WITH STATE OF NEW JERSEY

PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

CERTIFICATE NO.

DESCRIPTION

TANKS

| | |
|-------|---------------------------|
| 30248 | Gasoline Storage |
| 30325 | Fuel Oil Storage |
| 30326 | Methanol Storage |
| 30327 | Fuel Oil Storage |
| 30328 | Fuel Oil Storage |
| 30840 | Fuel Oil Storage |
| 31661 | Cresylic Acid Storage |
| 31662 | Cresylic Acid Storage |
| 31663 | Cresylic Acid Storage |
| 31664 | Cresylic Acid Storage |
| 31665 | Alkylated Phenols Storage |
| 31673 | Cresylic Acid Storage |

Equipment

| | |
|-------------|------------------------------------|
| CT-300 | Vent Scrubber |
| CT-301 | Vent System and Incinerator |
| CT-35482 | Vent System and Quench Drum |
| CT-3149 (1) | Vent System and Incinerator |
| 32827 | Vent System and Boiler/Incinerator |
| 30841 | Vent System and Boiler/Incinerator |
| 043225 | Hot Oil Heater |

New Permits Applied For

| | |
|----|--------------------|
| NA | New Hot Oil Heater |
|----|--------------------|

Notes:

- (1) An application to revise this permit has been submitted to the State of New Jersey.

11/4/80

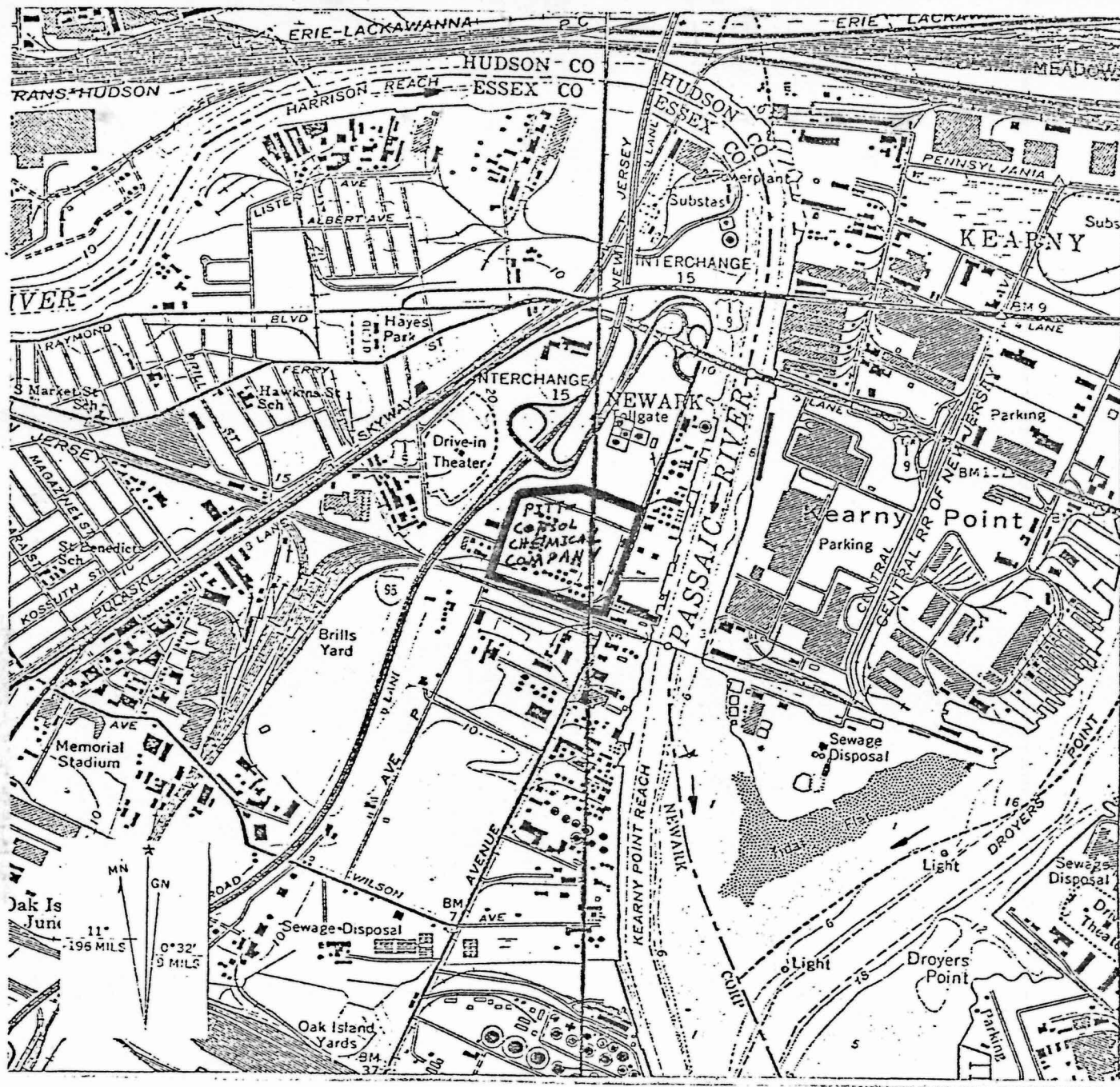
WATER EFFLUENT PERMITS

PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

An application to continue to discharge the Plant's effluent to the facilities of the Passaic Valley Sewerage Commission (PVSC) has been submitted and is being reviewed.

11/4/80



Notes:

1. All water intake is via the City of Newark's water system. No well or river water is used.
2. With the exception of general run off, all water discharge is via the Passaic Valley Sewerage Commission's sanitary sewer system.
3. We do not have knowledge of any drinking water wells within one quarter of a mile.
4. Scale is approximately 1:24,000.
5. Plant's north east corner is approximately N 40° 42' 45" - W 74° 7' 21".
6. For location of hazardous waste management facilities see attached figure 3-1.

11/4/80



FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | | DATE RECEIVED (yr., mo., & day) | COMMENTS |
|----------------------|----|------------------------------------|----------|
| | | | |
| | 23 | 24 7 29 | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | | | | | | | | | |
|---|----------------------|----------------------|--|---|--|--|--|--|--|--|--|
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date) | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | | | | | | | | | | |
| <small>71</small> | | | | | | | | | | | |
| C | YR. | MO. | DAY | FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) Pre-1900 | | | | | | | |
| 8 | 01 | 01 | 01 | | | | | | | | |
| <small>15</small> | <small>73 74</small> | <small>75 76</small> | <small>77 78</small> | | | | | | | | |
| B. REVISED APPLICATION (place an "X" below and complete Item I above) | | | | | | | | | | | |
| <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS | | | | | | | | | | | |
| <small>72</small> | | | | | | | | | | | |
| <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) | | | | | | | | | | | |
| <small>71</small> | | | | | | | | | | | |
| YR. | MO. | DAY | FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERA TION BEGAN OR IS EXPECTED TO BEGIN | | | | | | | | |
| | | | | | | | | | | | |
| <small>73 74</small> | <small>75 76</small> | <small>77 78</small> | | | | | | | | | |
| <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT | | | | | | | | | | | |

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|--|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | <i>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</i> | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| C | 5 | DUP | T/A | C | 1 | 13 | 14 | 15 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
|-------------|-----------------------------------|----------------------------|---------------------|---------------------------------|-----------------------|-------------|-----------------------------------|----------------------------|-----------|---------------------------------|-----------------------|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-1 | S 0 2 | 600 | G | | 5 | T 0 4 | 1,320 | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-2 | T 0 3 | 20 | E | | 6 | T 0 4 | 10,000 | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | S 0 1 | 50,000 | G | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | S 0 3 | 130 | Y | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | T 0 1 | 720,000 | U | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | T 0 4 | 900 | U | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line Number

From 111-B

- 4 T04 - The Plant has a "hot box" which can be used to melt 50 drums at one time to allow recovery of off-spec or solidified spilled materials. The box operates on a cycle of approximately 3 days.
- 5 T04 - The Plant has two racks capable of steaming out 12 drums each.
- 6 T04 - The Plant has the capability of neutralizing spent and/or scrap acid and/or caustic in a 3000 gallon agitated reactor. Approximately 10,000 gallons per day could be neutralized.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS..... | P | KILOGRAMS..... | K |
| TONS..... | T | METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. / | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEA- SURE (enter code) | D. PROCESSES | | | | |
|------------------|--|--|---|-----------------------------|-------|--|--|---------------------|
| | | | | 1. PROCESS CODES (enter) | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | |
| X-1 | K 0 5 4 | 900 | P | T 0 3 | D 8 0 | | | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 | D 8 0 | | | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 | D 8 0 | | | |
| X-4 | D 0 0 2 | | | | | | | included with above |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|----|-----|----|-----------------------|-----|--|--|--|--|-----|----|----|-----|----|--|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | |
| W | N | J | D | 0 | 0 | 4 | 9 | 4 | 8 | 1 | 8 | 8 | T/A | C | W | DUP | | | | | T/A | C | 2 | DUP | | | | | | |
| 1 | 2 | | | | | | | | | | | 13 | 14 | 15 | 1 | 2 | | | | | | 13 | 14 | 15 | 23 | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|---------|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|---------------------|
| | | | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | | |
| 1 | F | 0 | 0 | 1 | 4,000 | | P | | S | 0 | 1 | | T | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | U | 0 | 1 | 3 | 20 | | T | | S | 0 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | D | 0 | 0 | 7 | 400 | | P | | S | 0 | 1 | | T | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | D | 0 | 0 | 8 | 100 | | P | | S | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | D | 0 | 0 | 2 | 9,000 | | P | | S | 0 | 1 | | T | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | D | 0 | 0 | 1 | 10,000 | | P | | S | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | F | 0 | 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 8 | U | 1 | 5 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 9 | U | 2 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 10 | U | 0 | 5 | 4 | 100,000 | | P | | S | 0 | 1 | | T | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | U | 0 | 5 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 12 | U | 1 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 13 | U | 1 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 14 | F | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Included with above |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-----|----|
| S | F | N | J | D | 0 | 0 | 4 | 9 | 4 | 8 | 1 | 8 | 8 | T/A | C |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

| | | | | | | |
|----|----|----|----|----|----|----|
| 4 | 0 | 4 | 2 | 0 | 4 | 5 |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 |

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0 | 7 | 4 | 0 | 7 | 0 | 2 | 1 |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C | E | | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C | F | | | | | | | | | | | | | | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

R. E. Lehmkuhl

X. OPERATOR CERTIFICATION

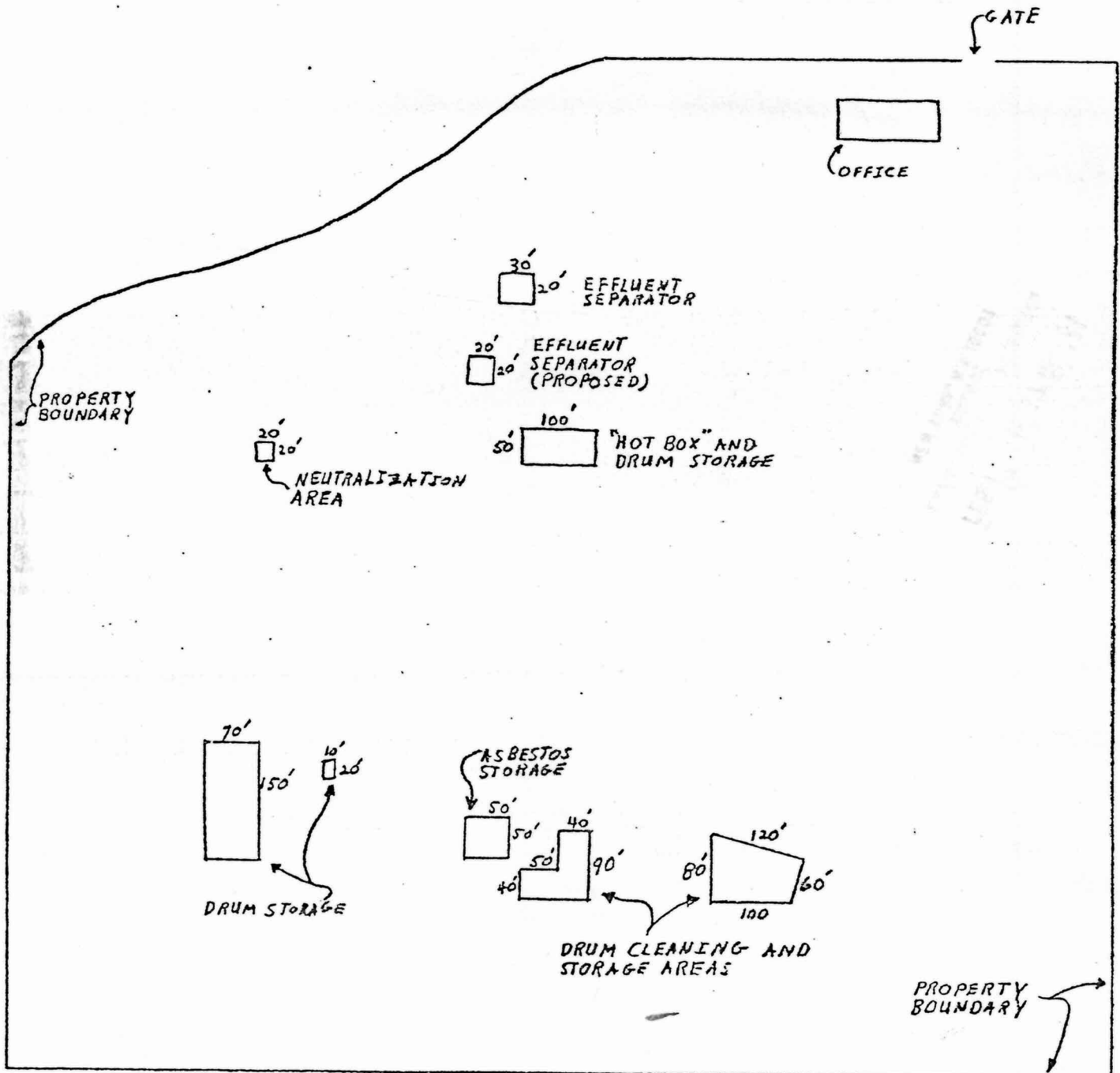
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



ONE-INCH EQUALS 200 FEET

RECEIVED
FEB 12 10 37 AM '81
EMERGENCY COLLECTION
AGENCY
NEW YORK, N.Y. 10001



Pitt-Consol Chemicals
Continental Oil Company
191 Doremus Avenue
Newark, New Jersey 07105
(201) 344-3800

October 8, 1980

Ms. Roma Phillips
Information Service Center
U.S.E.P.A. - Region II
26 Federal Plaza
New York, New York 10278

FEB 12 10 17 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Dear Ms. Phillips:

This letter is to confirm our phone discussion on October 7, 1980 regarding the multiple facility numbers (RCRA) that we have received from your agency.

Facility Address and Number

Status

Continental Oil Co., Inc.
191 Doremus Ave
Newark, NJ 07105
NJD004948188

Used this number to file August 18, 1980 notification; however, corrected company name to Pitt-Consol Chemical Co.

Pitt-Consol Chemical Company
High Ridge Park
Stamford CT 06904
CTD004322277

As per your recommendation, our corporate office in Stamford will contact Region I indicating that there is no plant at this address, just corporate offices.

Continental Oil Co., Inc.
191 Doremus Avenue
Newark NJ 07102
NJD002154789

Please delete this number. It is for the same facility as the first one listed above except that the zip code is wrong. Attached is a copy of the notification which we received concerning this. We are disregarding this unless we are directed otherwise.

If you have any questions, feel free to call.

William F. Revelt
William F. Revelt
Senior Process Engineer

sag

FILE
PCRA

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one). 45¢

☐ Show to whom and date delivered.

☐ Show to whom, date, and address of delivery.

☐ RESTRICTED DELIVERY
Show to whom and date delivered.

☐ RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
*Mr. Rama Phillips, Inf. Serv. Center
U.S.F.P.A. - Region II
26 Federal Plaza
New York, NY 10278*

3. ARTICLE DESCRIPTION:

| | | |
|----------------|---------------|-------------|
| REGISTERED NO. | CERTIFIED NO. | INSURED NO. |
| | 8646323 | |

1 (Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

Willis Orange

4. DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

POSTMARK
NEW YORK
CLERK'S INITIALS
157
100

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300RETURN
TO

WILLIAM F. REVELT
PITT-CONSOL CHEMICAL COMPANY

(Name of Sender)

191 DOREMUS AVENUE

(Street or P. O. Box)

NEWARK, NJ 07105

(City, State, and ZIP Code)



THE UNIVERSITY OF CHICAGO
LIBRARY

1954

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

October 3, 1980

NJEC02154789

CONTINENTAL OIL CO INC

191 CREMUS AVENUE
NEWARK

NJ 07102

PERMITS ADMIN. BRANCH
REGION II
FEB 12 10 18 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Dear Sir:

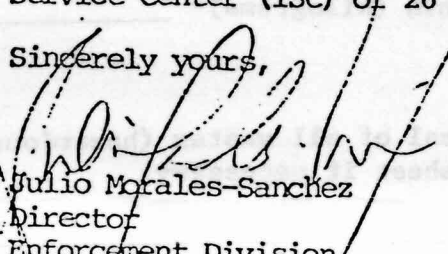
The United States Environmental Protection Agency ("EPA") regulates the handling of hazardous wastes under the Resource Conservation and Recovery Act ("RCRA") 42 U.S.C. §6901 et seq. Under Section 3010 of RCRA, 42 U.S.C. §6930, parties handling certain quantities of hazardous wastes (these wastes are characterized and listed in regulations which were published in the Federal Register of May 19, 1980, 45 FR 33084 et seq. and July 16, 1980, 45 FR 47832 et seq.) are required to notify EPA of their activities. Facilities handling wastes defined by the May 19, 1980 regulations were required to notify by August 18, 1980. Facilities handling wastes defined by the July 16, 1980 regulations are required to notify by October 14, 1980. We have not yet received a notification from you or your company.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information of parties who handle hazardous wastes. Based upon information available to this Agency, we believe that you or your company handles such hazardous wastes. Therefore, in order to determine the extent of your hazardous waste activity, and to determine whether you should have notified EPA pursuant to §3010, we require that you complete the questionnaire on the reverse side of this letter. Your completed form should be returned to us within 21 days of the date of this letter. The questionnaire must be completed and signed by a responsible official of your firm. If you have already notified EPA of your hazardous waste activity, please complete the questionnaire but indicate on the form your prior notification and list your EPA Identification Number, if available.

Your failure to respond to this letter in a timely manner may subject you to the initiation of enforcement action under Section 3008 of RCRA, 42 U.S.C. §6928. Such enforcement action may include the assessment of substantial penalties for continued non-compliance.

Completion of the questionnaire on the reverse side of this letter does not constitute notification under RCRA. If you have any questions on the contents of this letter or desire a notification package, please write the EPA Information Service Center (ISC) of 26 Federal Plaza, New York, New York 10278.

Sincerely yours,


Julio Morales-Sanchez
Director
Enforcement Division

Hazardous Waste Activity Questionnaire

1. Do you generate hazardous wastes as listed or characterized by the May 19, 1980 and/or the July 16, 1980 Federal Register?
 - ☐ Yes. If yes, specify the maximum rate of generation (kilograms/month)* _____.
 - ☐ No waste generated.
 - ☐ Wastes are generated but all wastes are not hazardous.
 - ☐ Hazardous wastes are generated, but are excluded under the provisions of 40 CFR Section 261.5, as indicated below:
 - ☐ Generate greater than zero but less than 1000 kilograms*/month of waste listed in 40 CFR Sections 261.31, 261.32 and 261.33(f).
 - ☐ Generate greater than zero but has less than 1 kilogram*/month of acutely toxic waste listed in 40 CFR Section 261.33(e).
 - ☐ Generate greater than zero but less than 10 kilograms*/month of container inner liners (see 40 CFR Sections 261.5(c) and 261.33(e)).
 - ☐ Generate greater than zero but less than 100 kilograms*/month of spill residues (see 40 CFR Sections 261.5(c) and 261.33(e)).
2. Do you transport or are hazardous wastes transported off your site?
 - ☐ Yes, hazardous wastes are transported off-site using company vehicles. Maximum amount (kilograms)* per month _____.
 - ☐ Yes, hazardous wastes are transported off-site utilizing a contract carrier. Specify carrier name(s) and amounts _____.
 - ☐ Yes, hazardous wastes are transported off-site but all wastes are excluded under 40 CFR Section 261.5.
 - ☐ No wastes are transported off-site.
 - ☐ Wastes are transported off-site but all wastes are not hazardous.
3. Do you receive or accept hazardous waste from other facilities for transportation to another site?
 - ☐ Yes. If yes, maximum amount at one time (kilograms)* _____.
Maximum amount from any one facility (kilograms)* _____.
Specify mode of transportation _____.
 - ☐ No.
4. Do you treat hazardous wastes?
 - ☐ Yes. Maximum amount treated (kilograms)* in any month _____.
 - ☐ No wastes treated.
 - ☐ All wastes treated are non-hazardous.
5. Do you store hazardous wastes?
 - ☐ Yes. Maximum amount stored (kilograms)* at one time _____.
Maximum length of storage (days) after generation or receipt _____.
 - ☐ No wastes stored.
 - ☐ Wastes are stored but all wastes are non-hazardous.
6. Do you dispose of hazardous wastes on your property?
 - ☐ Yes. Maximum amount disposed on-site in one month (kilograms)* _____.
 - ☐ No wastes disposed.
 - ☐ Wastes are disposed but are non-hazardous.
7. Please indicate briefly the ultimate method of disposal of all wastes (hazardous and non-hazardous) from your facility. Attach separate sheet if necessary.
 - ☐ Disposed on-site. Specify method _____.
 - ☐ Disposed off-site. Specify method and name of disposal facility _____.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJ00004948188

PITT-CONSOL CHEMICAL COMPANY
191 DOREMUS AVENUE
NEWARK, NJ 07105

INSTALLATION ADDRESS

191 DOREMUS AVE
NEWARK, NJ 07105

EPA Form 8700-12A (4-80)

FEB 12 10 18 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

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| I.D. - FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|-----|----|
| S | | | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | | | 1 |
| 1 | 2 | | | | | | | | | | | | | 13 | 14 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|-------------------------|-------------------------|---------------|---------------|---------------|
| 1 F 0 0 1 23 - 26 | 2 F 0 0 4 23 - 26 | 3 F 0 0 5 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31 U 0 1 3 23 - 26 | 32 U 0 5 2 23 - 26 | 33 U 0 5 4 23 - 26 | 34 U 1 0 1 23 - 26 | 35 U 1 5 4 23 - 26 | 36 U 1 8 8 23 - 26 |
| 37 U 2 2 0 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|---------------------------------------|---|------------------------|
| SIGNATURE <i>Harry D. Garrison</i> | NAME & OFFICIAL TITLE (type or print) Harry D. Garrison Plant Manager | DATE SIGNED 8-14-80 |
|---------------------------------------|---|------------------------|

NEW YORK, NEW YORK
AGENCY
ENVIRONMENTAL PROTECTION
FEB 12 10 18 AM '81

AIR QUALITY RELATED PERMITS WITH STATE OF NEW JERSEY

PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

CERTIFICATE NO.

DESCRIPTION

TANKS

| | |
|-------|---------------------------|
| 30248 | Gasoline Storage |
| 30325 | Fuel Oil Storage |
| 30326 | Methanol Storage |
| 30327 | Fuel Oil Storage |
| 30328 | Fuel Oil Storage |
| 30840 | Fuel Oil Storage |
| 31661 | Cresylic Acid Storage |
| 31662 | Cresylic Acid Storage |
| 31663 | Cresylic Acid Storage |
| 31664 | Cresylic Acid Storage |
| 31665 | Alkylated Phenols Storage |
| 31673 | Cresylic Acid Storage |

Equipment

| | |
|-------------|------------------------------------|
| CT-300 | Vent Scrubber |
| CT-301 | Vent System and Incinerator |
| CT-35482 | Vent System and Quench Drum |
| CT-3149 (1) | Vent System and Incinerator |
| 32827 | Vent System and Boiler/Incinerator |
| 30841 | Vent System and Boiler/Incinerator |
| 043225 | Hot Oil Heater |

New Permits Applied For

| | |
|----|--------------------|
| NA | New Hot Oil Heater |
|----|--------------------|

Notes:

- (1) An application to revise this permit has been submitted to the State of New Jersey.

11/4/80

AIR QUALITY RELATED PHENOMENA WITH SITE OF INTEREST

PHYSICAL CHEMICAL DATA

PHYSICAL CHEMICAL DATA

DESCRIPTION

PHYSICAL DATA

DATE

TIME

LOCATION

WEATHER

WIND

TEMP

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WATER EFFLUENT PERMITS

PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

An application to continue to discharge the Plant's effluent to the facilities of the Passaic Valley Sewerage Commission (PVSC) has been submitted and is being reviewed.

11/4/80

| FORM 1 | | ENVIRONMENTAL PROTECTION AGENCY | | I. EPA I.D. NUMBER | |
|---|--|--|--|---|--|
| GENERAL | | GENERAL INFORMATION | | F N J D 0 0 4 9 4 8 1 8 8 3 D | |
| LABEL ITEMS | | (Read the "General Instructions" before starting.) | | GENERAL INSTRUCTIONS | |
| I. EPA I.D. NUMBER | | NJDD004948188 | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| III. FACILITY NAME | | CONTINENTAL OIL CO INC | | | |
| V. FACILITY MAILING ADDRESS | | NEWARK, NJ 07105 | | | |
| VI. FACILITY LOCATION | | 191 DOREMUS AVE NEWARK, NJ 07105 | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. | | | | | |
| SPECIFIC QUESTIONS | | MARK 'X' | | SPECIFIC QUESTIONS | |
| | | YES NO FORM ATTACHED | | | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | X | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | |
| III. NAME OF FACILITY | | | | | |
| 1 SKIP P I T T - C O N S O L . C H E M I C A L . C O M P A N Y . | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) | | | | | |
| 2 R E V E L T , W I L L I A M . S R . P R O C E S S . E N G . | | | | | |
| B. PHONE (area code & no.) | | | | | |
| 2 0 1 3 4 4 3 8 0 0 | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX | | | | | |
| 3 1 9 1 . D O R E M U S . A V E N U E . | | | | | |
| B. CITY OR TOWN | | | | | |
| 4 N E W A R K . | | | | | |
| C. STATE | | | | | |
| N J | | | | | |
| D. ZIP CODE | | | | | |
| 0 7 1 0 5 | | | | | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | |
| 5 1 9 1 . D O R E M U S . A V E N U E . | | | | | |
| B. COUNTY NAME | | | | | |
| E S S E X | | | | | |
| C. CITY OR TOWN | | | | | |
| 6 N E W A R K | | | | | |
| D. STATE | | | | | |
| N J | | | | | |
| E. ZIP CODE | | | | | |
| 0 7 1 0 5 | | | | | |
| F. COUNTY CODE (if known) | | | | | |
| | | | | | |

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | B. SECOND | | | |
|------------------|----|------------|-----------|-------------------------|----|------------|-----------|
| C | 7 | 2, 8, 6, 5 | (specify) | C | 7 | 2, 8, 7, 9 | (specify) |
| 15 | 16 | - | 19 | 15 | 16 | - | 19 |
| Cyclic Chemicals | | | | Agricultural Chemicals | | | |
| C. THIRD | | | | D. FOURTH | | | |
| C | 7 | 2, 8, 2, 1 | (specify) | C | 7 | 2, 8, 9, 9 | (specify) |
| 15 | 16 | - | 19 | 15 | 16 | - | 19 |
| Plastics | | | | Misc. Chemical Products | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-------------|--|---|---------------------|--|--|--|--|
| C | P I T T - C O N S O L C H E M I C A L C O M P A N Y | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| 15 | 16 | | | | | | | | | | | | | | 55 | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | |
| F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE | | | | | | | | | | | | | | | 0 (specify) Public Corporation | | | | | 2 0 1 3 4 4 3 8 0 0 | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 9 1 D O R E M U S A V E N U E | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | | | | G. STATE | | H. ZIP CODE | | IX. INDIAN LAND | | | | | |
| B N E W A R K | | | | | | | | | | | | | | | N J | | 0 7 1 0 5 | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 15 16 - 40 41 42 | | | | | | | | | | | | | | | 47 - 51 | | 52 | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | |
|--|----|----|---------|----|----|----|----|----|----|--|----|----|-----------------------|----|----|----|----|----|----|
| C | T | I | 9 N N A | | | | | | | C | T | I | 9 P N A | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| C | T | I | 9 U N A | | | | | | | C | T | I | 9 S T A T E O F N J | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| C | T | I | 9 R N A | | | | | | | C | T | I | 9 P V S G C T - 3 0 0 | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | | | | | (specify) Air Quality (see attached list) | | | | | | | | | |
| | | | | | | | | | | (specify) Water Effluent (see attached) | | | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of alkylated phenols

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
|---|-----------------------|----------------|
| R. E. Lehmkuhl Vice President-Operations | <i>R. E. Lehmkuhl</i> | 11/1/80 |

COMMENTS FOR OFFICIAL USE ONLY

| C | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|----|----|----|----|----|----|----|----|----|----|
| C | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|-----------------------|--|---|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA |  | ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | | | | |
| | | | S F N J D 0 0 4 9 4 8 1 8 8 3 1 | | | | | | | | | | | | | | |
| | | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | | | | | | | | | | | | |

FOR OFFICIAL USE ONLY

| | | |
|-----------------------------|---|-----------------|
| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
| 23 | 24 - 29 | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------|-------|-----|---|----|----|----|----|-------|-------|-------|--|---|-----|-----|-----|--|--|--|--|----|-------|-------|-------|
| <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>C</td><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>8</td><td>01</td><td>01</td><td>01</td></tr><tr><td>15</td><td>73 74</td><td>75 76</td><td>77 78</td></tr></table> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) Pre-1900 | C | YR. | MO. | DAY | 8 | 01 | 01 | 01 | 15 | 73 74 | 75 76 | 77 78 | <table border="1"><tr><td>C</td><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>15</td><td>73 74</td><td>75 76</td><td>77 78</td></tr></table> FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN | C | YR. | MO. | DAY | | | | | 15 | 73 74 | 75 76 | 77 78 |
| C | YR. | MO. | DAY | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 01 | 01 | 01 | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 73 74 | 75 76 | 77 78 | | | | | | | | | | | | | | | | | | | | | | |
| C | YR. | MO. | DAY | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 73 74 | 75 76 | 77 78 | | | | | | | | | | | | | | | | | | | | | | |

B. REVISED APPLICATION (place an "X" below and complete Item I above)

| | |
|--|---|
| <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS | <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT |
|--|---|

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|-----------------------------|--|---|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | | | | | |
|---|---|-----------------------------------|---|---|--|--|--|--------------------|---|-----------------------------------|---|---|--|--|--|
| S C DUP T/A C I | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | | | | | | | | | | | | | |
| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | | | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | | | | FOR OFFICIAL USE ONLY |
| | | 1. AMOUNT (specify) | | 2. UNIT OF MEASURE (enter code) | | | | | | 1. AMOUNT | | 2. UNIT OF MEASURE (enter code) | | | |
| X-1 | S 0 2 | 600 | G | | | | | 5 | T 0 4 | 1,320 | U | | | | |
| X-2 | T 0 3 | 20 | E | | | | | 6 | T 0 4 | 10,000 | U | | | | |
| 1 | S 0 1 | 50,000 000 | G | | | | | 7 | | | | | | | |
| 2 | S 0 3 | 130 000 | Y | | | | | 8 | | | | | | | |
| 3 | T 0 1 | 720,000 000 | U | | | | | 9 | | | | | | | |
| 4 | T 0 4 | 900 12220000 | U | | | | | 10 | | | | | | | |
| 16 - 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 | | | | | | | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line Number

From 111-B

- 4 T04 - The Plant has a "hot box" which can be used to melt 50 drums at one time to allow recovery of off-spec or solidified spilled materials. The box operates on a cycle of approximately 3 days.
- 5 T04 - The Plant has two racks capable of steaming out 12 drums each.
- 6 T04 - The Plant has the capability of neutralizing spent and/or scrap acid and/or caustic in a 3000 gallon agitated reactor. Approximately 10,000 gallons per day could be neutralized.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS.....P
TONS.....T

METRIC UNIT OF MEASURE CODE
KILOGRAMS.....K
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| S | F | N | J | D | 0 | 0 | 4 | 9 | 4 | 8 | 1 | 8 | 8 | 3 | 6 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

$$F6: \frac{A}{55} \quad F6: \frac{A}{56}$$
V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

| | | | | | | |
|----|----|----|----|----|----|----|
| 4 | 0 | 4 | 2 | 4 | 5 | 0 |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 |

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0 | 7 | 4 | 0 | 7 | 2 | 1 | 0 |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

| | | | | | | | | | | | | | | | | | | | | | | |
|----|----|--|--|--|--|--|--|--|--|--|--|----|----|----|----|----|----|----|----|----|----|----|
| C | E | | | | | | | | | | | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | |

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

| | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|--|--|--|--|--|--|--|--|--|--|----|----|--|--|--|--|--|--|--|--|--|--|
| C | F | | | | | | | | | | | C | G | | | | | | | | | | |
| 15 | 16 | | | | | | | | | | | 17 | 18 | | | | | | | | | | |

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R. E. Lehmkuhl

B. SIGNATURE



C. DATE SIGNED

11/1/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

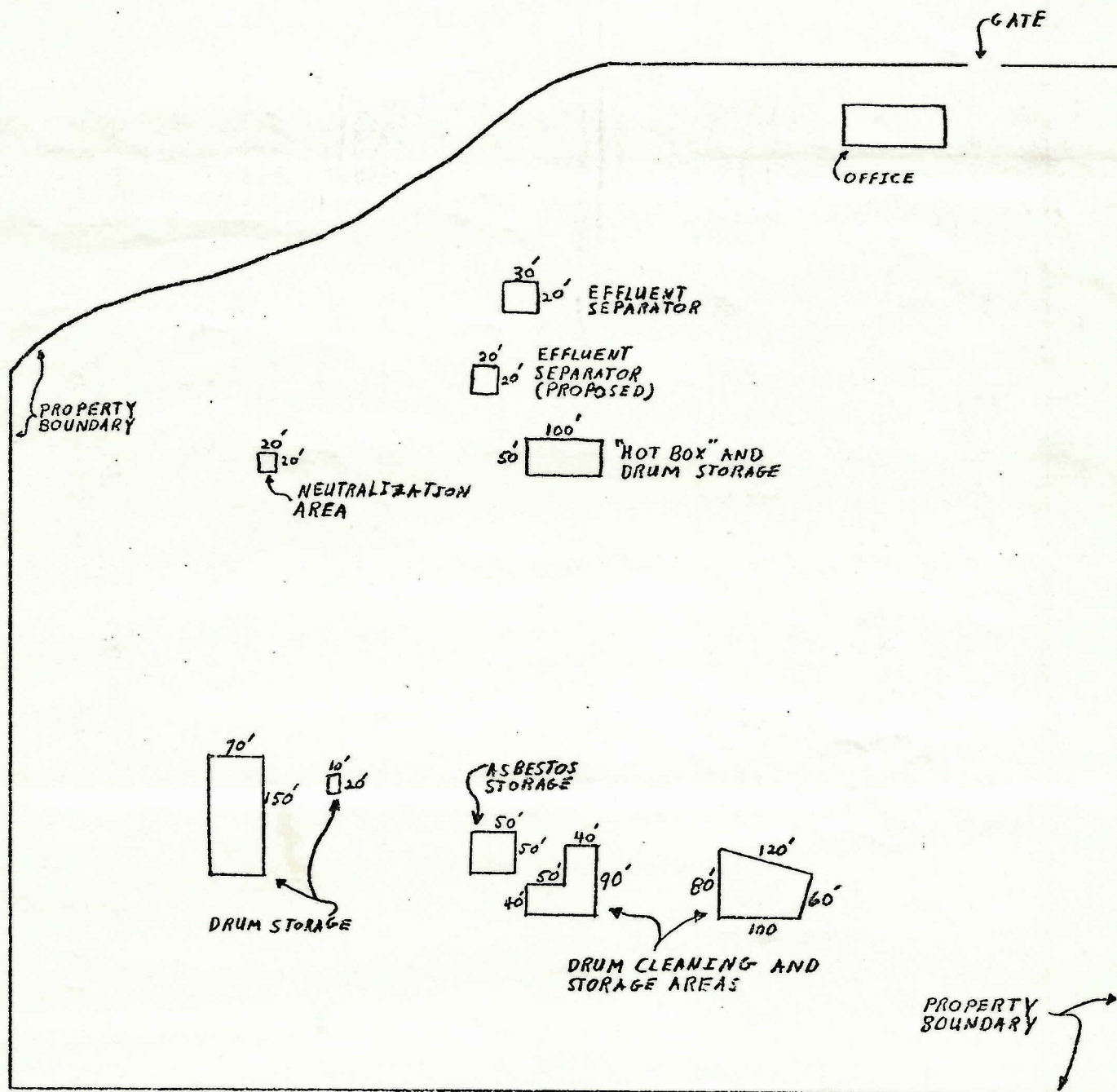
C. DATE SIGNED

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------|---|---|---|---|---|---|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| W N J D 0 0 4 9 4 8 1 8 8 3 1 | | | | | | | | | | | | | W DUP 3 2 DUP | | | | | | | | | | | | | | |
| 1 2 13 14 15 | | | | | | | | | | | | | 1 2 13 14 15 23 24 25 26 | | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | F 0 0 1 | 4,000 000 | P | S | 0 | 1 | T | 0 | 4 | | | | | | | | | | | | | | | | | | |
| 2 | U 0 1 3 | 20 000 | T | S | 0 | 3 | | | | | | | | | | | | | | | | | | | | | |
| 3 | D 0 0 7 | 400 000 | P | S | 0 | 1 | T | 0 | 4 | | | | | | | | | | | | | | | | | | |
| 4 | D 0 0 8 | 100 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | | | | | | | |
| 5 | D 0 0 2 | 9,000 000 | P | S | 0 | 1 | T | 0 | 4 | | | | | | | | | | | | | | | | | | |
| 6 | D 0 0 1 | 10,000 000 | P | S | 0 | 1 | | | | | | | | | | | | | | | | | | | | | |
| 7 | F 0 0 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | U 1 5 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | U 2 2 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | U 0 5 4 | 100,000 000 | P | S | 0 | 1 | T | 0 | 4 | | | | | | | | | | | | | | | | | | |
| 11 | U 0 5 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | U 1 0 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | U 1 8 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | F 0 0 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

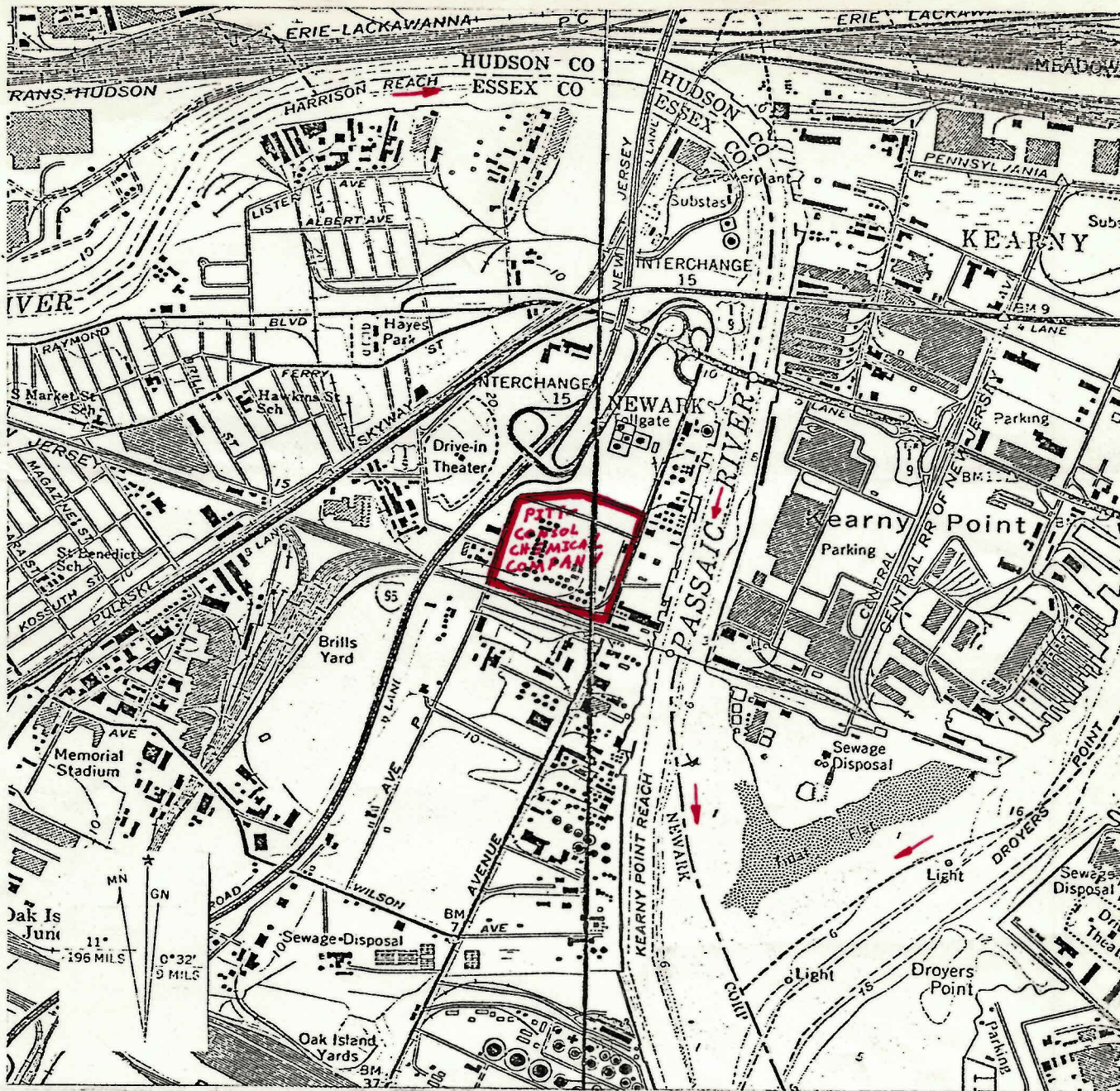
V. FACILITY DRAWING (see page 4)

noted 8/18



ONE-INCH EQUALS 200 FEET





Notes:

1. All water intake is via the City of Newark's water system. No well or river water is used.
2. With the exception of general run off, all water discharge is via the Passaic Valley Sewerage Commission's sanitary sewer system.
3. We do not have knowledge of any drinking water wells within one quarter of a mile.
4. Scale is approximately 1:24,000.
5. Plant's north east corner is approximately N 40° 42' 45" - W 74° 7' 21".
6. For location of hazardous waste management facilities see attached figure 3-1.

11/4/80



NEW YORK
CITY
OFFICE
OF THE
COMMISSIONER
OF THE
LAND OFFICE

1. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

2. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

3. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

4. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

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7. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

8. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

9. The above is a true and correct copy of the original as the same appears on the records of the Office of the Commissioner of the Land Office, New York City.

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